

City of Tempe

2013-14 LEAP After-School Program

Mondays - Fridays, 2:30pm - 6:00pm**

LEAP is a City of Tempe after-school program for high school students with developmental disabilities who attend school in the Tempe Union High School District. The focus of the program is on socialization, life skill development and enrichment through various recreational programs and activities, including: arts & crafts, physical activities such as yoga, martial arts, sports, and dance, and many other activities.



Arts & crafts



Computer lab



Physical activities



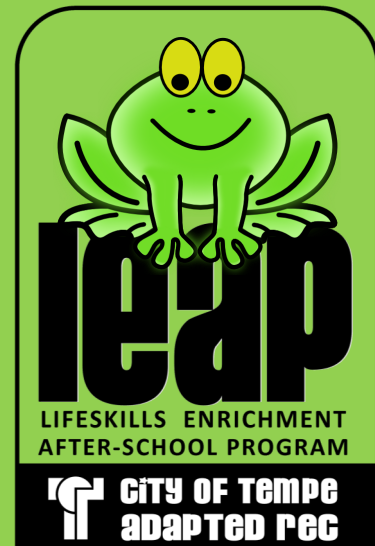
Yoga, martial arts



Games & other activities

****LEAP is held Monday - Friday from 2:30-6pm during the school year. LEAP's schedule mirrors the TUHSD school calendar, so when there is an early release or half day, LEAP will start earlier and go until 6pm. *Transportation to the LEAP program is provided by the Tempe Union High School District!***

LEAP's staff-to-student ratio is 1:4 so the student must be successful in that environment. LEAP is located at the Redemption AZ Tempe campus at 2150 E. Southern Ave., Tempe 85282, just west of Price Rd./Loop 101. LEAP is a City of Tempe Adapted Recreation program. For more information or to register please see the contact information below.



City of Tempe Adapted Recreation
Josh Bell, Recreation Coordinator
www.tempe.gov/adaptedrecreation
Phone: 480.858.2469
e-mail: josh_bell@tempe.gov

2013/14 City of Tempe LEAP After-School Program

Please refer to the information below for more information about LEAP. If you have questions or would like more information please contact Josh Bell, Adapted Recreation Coordinator, using the contact information at the bottom of the page.

Fees

There two methods of payment accepted:

- **Out of pocket.** \$40/week.
- **DDD hours.** LEAP is approved for the use of DTT (Day Treatment and Training) hours through the Division of Developmental Disabilities. Students intending to use DDD hours need to get approval from their DDD Coordinator.

How to register

Parents/guardians must complete the attached registration form for each student who will be participating in the program. Additional forms may be downloaded from the website at www.tempe.gov/adaptedrecreation. Online registration for LEAP is not available.

- Contact Josh Bell at 480.858.2469 or josh_bell@tempe.gov if you would like to register your child into the LEAP program.
- You can fax registration to 480.350.5161 (Attention: Josh Bell).
- Mail to: Josh Bell, City of Tempe Adapted Recreation, 3340 S. Rural Rd., Tempe, AZ 85282 or drop off at the same address in person.

Transportation

TUHSD will provide transportation from the student's school to the LEAP site. It is the parent's responsibility to arrange transportation for your child. Please contact your child's teacher to make arrangements. Parents/guardians are responsible for transportation home. Students must be picked up no later than 6pm.

Half Days/Early Release/Holidays

The program will be closed on all City recognized holidays and on all days in which the schools are closed. LEAP will start earlier on days that there is early release or a half day at one of the Tempe Union High Schools.

Program Format

The program's primary focus is socialization and life skill development and enrichment. It is requested that parents provide the staff with a copy of the student's Individual Support Plan (ISP) or Individualized Education Program (IEP) as this will be helpful in setting goals and planning weekly activities. The activities include both indoor and outdoor activities, including arts & crafts, games, physical activities, sports and others, all of which are designed to help the student work towards achieving their identified goals. LEAP's staff-to-student ratio is 1:4. If the student requires a higher ratio please contact Josh Bell to discuss.

2013 – 14 City of Tempe LEAP After-School Program Registration:

Participant Last Name	Participant First Name	M.I.	Date of Birth	Sex
Street Address		Apt./Unit No.	City/State/Zip	
Mother/Guardian's Name				
day phone	evening phone	cell phone		
Father/Guardian's Name				
day phone	evening phone	cell phone		
E-mail address (e-mail address will be used for LEAP updates & Adapted Recreation program updates only)				
Emergency Contact Name			Relationship	
day phone	evening phone	cell phone		

Please mark the school student is attending for 2013-14 school year

<input type="checkbox"/> Corona del Sol High School	<input type="checkbox"/> Mt. Pointe High School
<input type="checkbox"/> Marcos de Niza High School	<input type="checkbox"/> Tempe High School
<input type="checkbox"/> McClintock High School	<input type="checkbox"/> Other: _____

Payment Options

☐ I will be paying out of pocket (cash, credit card, check). The fee for LEAP is \$40/weekly (except for holidays and no-school days; fee will be adjusted accordingly).

☐ I will be using DDD (Division of Developmental Disabilities) services.

- Using DDD services requires you to have approval from DDD and a referral to submit to City of Tempe in order to complete enrollment. Please contact your Coordinator for approval of DTT (after-school) hours. If you're in the process of approval please contact Josh Bell at City of Tempe to continue registration.

DDD Coordinator Name: _____

E-mail: _____ Phone: _____

Approved pick-up list:

The following people are approved to pick up the student from LEAP (please initial next to the name of each individual) and may be asked to provide a form of identification to LEAP staff when picking up the student.

Name

Relationship to camp participant

_____	_____
_____	_____
_____	_____
_____	_____

Participant Information:

Please fill out the following information regarding the student to the best of your ability in order to help LEAP staff better understand the wants and needs of the student. Please attach additional sheets of information if more space is needed. Thank you.

What goals would you like to see the individual work towards?

What is the nature of the individual's disability?

What assistance does the individual currently receive at school?

☐ Inclusion class ☐ Special Ed class 1:4 ratio ☐ Special Ed class 1:2 ratio ☐ Special Ed class 1:1 ratio

☐ Other: _____

Is the individual known to...

Interact well with others? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

Be cooperative with peers and adults? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

Express his/her needs? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

Exhibit age-appropriate behavior? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

Hit or strike others? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

Use foul language? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

Other details/information: _____

Please take some time to describe the individual's likes and dislikes. What activities and environmental stimulation does the individual enjoy and respond positively to? Is there anything that the individual responds negatively to?

Positive Response To:

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Negative Response To:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

☐ NO ☐ YES Does the individual walk independently?
If no, does he/she use... ☐ Manual/electric wheelchair ☐ Other: _____

☐ NO ☐ YES Does the individual have any known allergies? If yes, please describe in detail.

☐ NO ☐ YES Does the individual have specific feeding or dietary needs? If yes, please describe in detail.

☐ NO ☐ YES Will the individual be using any adaptive equipment (e.g. communication device, ...). If yes, please describe in detail.

☐ NO ☐ YES Does the individual experience seizures? If yes, please describe in detail.

☐ NO ☐ YES Has the individual ever had a personal classroom aide (1:1 ratio)? If yes, please explain the reason.

☐ NO ☐ YES Has the individual ever been removed from any type of program for behavioral reasons? If yes, please describe in detail.

☐ NO ☐ YES Does the individual have any other specific needs? If yes, please describe in detail.

Waiver of Liability

- With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
- I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions of photos, video, film, audio or other reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate:

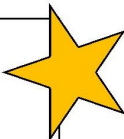
I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

Signature of participant (Parent/Guardian if under 18)

Date

City of Tempe LEAP After-School Program
2150 E. Southern Ave., Tempe AZ 85282 LEAP Phone: 480.694.1434

LEAP



Parking Lot

EdOptions

Redemption Church

Landis Cyclery

South Price Road

Southern Avenue